If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

V. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes Dat of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BURSAU	B, 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Exact statement B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

should state item of infor-

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(143)
County Julbak Carrely	Registration Dist. No. 290
Village or City Enclos, mary Pland	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Sarah Malily	a Parano-
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That Lattended daceased from
(or) WIFE of me Cercoll Barens	19 , to July 7 , 1932
6. DATE OF BIRTH (month, day, and year) Turburacus	I last saw held alive on July 73 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
40 yrs lday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pinte dilecce
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bad deceased last worked at this occupation (month and	of the hear
10. Dato deceased last worked at this occupation (month and year) spent in this year)	
Tille, michal	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Theran
13. NAME The Jan Slove Pro	- VIII
1 100	Name of operation Oate of
14, BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hererette Cullalen	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Herestle Cullater 16. BIRTHPLACE (city or town) Marylan (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Chiefeage Ex	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Are Lywoll To arcus	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De grande 19 , 193	Natura of Injury
19. UNDERTAKER Bertace Bras	24. Was disaasa or Injury in any way ralated to occupation of decaased?
(Address) Carethacice, Md.	If so, specify 1
20. FILED 7/8 , 1932 M. Meures. Registrar.	(Signed) M. D. (Address) M. D.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

GODAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Principal Control of C	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
THE PAUL V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

red a	Lew	menutes	before	could be	admitted	15 lessestro
	1					20

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

OF DEA	чтп.	70001
Registration		
itution, give its NAM f of foreign birth?	IE instead of street	Ward and number)
or torong)13	us.
	t give city or town	
CERTIFICATI	E OF DEAT	H
(Month)	(Day)	, 193 (Yeer)
YCERTIF	Y. That I atten	nded deceased from
July /	Jacky 19	. 19. \$ 2
ited ebove, et 9	30 AM.m.	2.2.; death is said
ATH and related caus	ses of importence	
		Date of onset
al Neor	rolorm	us.
	•	
portance:		
1		
wy-	Dete	of
None	Was there	en au'opsy?
auses (VIOL ENCE) fi		
	Date of injury	19
(Specify city or in fNDUSTRY, in HO	town, county and OME, or in PUBLIC	Stale) PLACE.
		L
wey related to occup	ation of deceased?	No
p 13 Le	wes	as D
mich	1.0/1 - 2	md. W. U.

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Example I	+	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ا بد	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta	1. PLACE OF DEATH	(13)2)
ould	County (alba)	Registration Dist. No. 290
pad	Village or City & Canton, Md	Comercent Hospital st., ward
0	(16	death occurred in a happital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
ent	Length of residence in city or town where death occurredyrs,mos.	
YSICIANS statement	2. FUEL NAME HAIL O COMPON	\
rSi	(a) Residence: No. (Usunplace of a hode)	St., Ward. If nonresident give city or town and State
PHYSICIANS xact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX A COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
74	7 emale Colned OR DEVORCED (write the word)	(Month) (Dey) (Year)
Ssifted	5a. If married, widowed, or divorced	
A C issif	(or) WIFE of Milliam CONNO	22. I HEREBY CERTIFY, That datended decessed from
cl S	21-1909	I last saw h 800 Melive on July 70 19 32 death Is said
stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
stated properl	13 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8 Trade profession or particular	were as follows:
be of	SAWYER, BOOKKEEPER, etc.	
ould may back	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end spent in this	dung leteres atrix 3 17.
	SAW MILL, BANK, etc	
E3 40 0	O this occupation (month end spant in this occupation	
pplied. AGE erms, so that instructions o	or more and a second of the se	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) (State or country)	Lularularia to belie 2/17 3
plie rms nstı	# 13. NAME DOUMAN Thomas	Inflamaton deside
efully supplied in plain terms, ant. Sec instru	14. BIRTHPLACE (city or town) Ragely MA.	Name of operation assuration pate of \$1147
ly s	(cross of country)	What test confirmed diagnosis? Lut + Cuwe Was there an autopsy? 100
n p	15. MAIDEN NAME 6/Ma Markers	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	15. MAIDEN NAME (In a Market) 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide? Date of injury, 19
be gar	(State or country)	Where did injury occur?(Specify city or town, county and State)
ld l DE	17. INFORMANT 6 1140 1010	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
n sl	Place Davidlown Date July 27, 19 3	Manner of Injury
mation should be car CAUSE OF DEATH TION is very import	0 76: - 9/7/	7.4
CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1	als an Albaria	(Signed) W 2 Values A M. D
(A)	20. FILED 1952 Registrar.	(Address) Coston , Md.
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46) (18003
County after	Registration Dist. No. 291
Village or City Athura was	No. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds/ How Jone n U. S. if of foreign birth?wrsmosds.
2. FULL NAME // fll am Imasey	X4 offer
(a) Residence: No. 1 Muchau Val	st., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Arrice the word)	21. DATE OF DEATH (Month) (Oay) (Yaer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
1 11 180	Alast saw h sull alive on the 11 19.37 death is said
6. DATE OF BIRTH (month, day, and year) July 16, 850 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at A.m.
S lday,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance
0rmin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Care of Lucal
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased lest worked at this pecuagiting (month and in this pecuagiting (month and in this pecuagiting).	Carcinomic of own
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Oate deceased lest worked at this occupation (month end yeer) 11. Total time (yeers) spent in this occupation occupation	
yeer) occupation occupation	Oh - C + T - C - C - C - C - C - C - C - C - C -
12. BIRTHPLACE (city or town) Talfat &	Other Contributory Causes of importance:
(State or country)	Leulity
I 13. NAME () LEU M PORTON	
14. BIRTHPLACE (city or town) Nantucky Many	Name of operation Mone Date of
(Stata or country)	What test confirmed diagnosis? Clinical Syon/ Mas there an autopsy? Pro
# 15. MAIDEN NAME Saraline Troubar	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Avaluate Manhau 16. BIRTHPLACE (city or town) albot to (State or country)	Accident, sulcida, or homicide?Oate of injury19
(Stete or country)	Where did Injury occur?
17. INFORMANT Herse Colforn (Address)	(Specify city or town, county and State) Spacify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 1 Muchail M. Date My 12, 1932	Nature of injury
Ch Man All	M.
19. UNDERTAKER (Address) House we say	24. Was disaase er injury in any way related to occupation of deceased?
0 / 1 27 / 1/1 2 1	(Signed) JF Stoke M. D.
20. FILEO July 12, 1932 JAWWales Registrar.	(Address) /Sx Michaels.
If more blanks are needed address State Registrar	225 N. Charles Street Baltimore Demostra 41 S. No.

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V 8	July 5,1927	Peritonitis	3 days ago
	Section of the sectio	1)		
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER COO

(Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

(State or country)

13. NAME

17. INFORMANT

20, FILED ...

OCCUPATION

FATHER

MOTHER

STATE OF	MARYLAND-	CERTIFICATE OF	DEATH	08004
1. PLACE OF DEATH		(11-8)		
County 1 all t		F	Registration Dist. No.	290
Village or City	(li	No. death occurred in a hospital or institution,	rive its NAME instead of	St., Ward
Length of residence in city or lown where death				
2. FULL NAME Sert	rude Co	few		
(a) Residence: No.		St., Ward.		
	(Usual place of abode)		If nonresident give city or	town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERT	IFICATE OF DE	EATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	onth) (Day)	7 , 193 (Year)
HUSBAND of (or) WIFE of	O	22. I HEREBY C	ERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	V. 7, 1898	I last saw he alive on	0-/-1-6/	,19. 5 2, death is said
7. AGE - Years Months	Days If LESS than	o have occurred on the date stated about	ve, at. 2m.	
34 8	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and were es follows	d related causes of import	Date el enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	W.W.	Jach	effal.	7/15/2
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (months and				
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			

Other Contributory Causes of importance: Name of operation What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury______ 19_____

Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of Injury. 24. Was disease or Injury In any way related to occupation of deceased?____

If so, specify (Signed)

V. S. No. 1

ż

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
		7	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(75/,435) 32	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIAN	

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B2a)
County Salbol	Registration Dist. No. 143
Village or City. Near Starks	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Lillie Wilson Dooly	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (who the word) Manual	21. DATE OF DEATH LIVE (Day) (Year)
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of James N. Dooling	22. I HEREBY CERTIFY. That I attended decaased from
	10'- 1937, 10 pely 18' 1932
6. DATE OF BIRTH (month, day, and year)	I last taw h la aliva on uly 117 , 193 7; death is sa
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at
Ormin.	were as follows: Date of ons
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Posses Of a gal age Galaco-3
9. Industry or business in which	July 1
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Success 60. Act	0 2 1
13. NAME Henry Rosely	- UNEKID SULKOSIN (3)
	Date
4 14. BIRTHPLACE (city or town) Set persone	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dresilla Benson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT OR N Dubling (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I hely tell was the Bate July 14, 1930	Nature of injury
19. UNDERTAKER James a Stence	24. Was disease or injury in any way related to occupation of deceased?
(Address) Castro Mo.	If so, specify
20, FILED July 12 1934 Josephaloss	(Signed) Total Common M.
Registrar.	(Addrass) - Traffic Turk

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	- 4
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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20. FILED.

ACCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Data of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
D. O. FETTI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AECORD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. B.—WRITE PLYINLY, WITH UNFADING INK—THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL							

08007

1. PLACE OF	F DEATH			
County	Jacket		Registration Dist. No. 29	3,
	ity Zear Wy	e millo	NoSt.,	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and r	
Length of resi	idence In city or town where		ds. How long in U.S. if of foreign birth?yrsma	os,
2. FULL NA	IVIE	es Edison		
(a) Residen	ice: No. near a	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH July 20-	, 193. Z (Year)
e. If married, widow HUSBANO of	ved, or divorced	U	22. I HEREBY CERTIFY. That I ettended	doceaned from
(or) WIFE of			22. I HEREBY CERTIFY, That I ettended	
	Land Market Market	4	I lest saw h alive on, 19, 19	
AGE Yea	(month, dey, and yeer)	Davs If LESS than	to heve occurred on the date stated above, at	., death is said
Amit	Krony	1. day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
1 % Trada profe	about 30	years or min.	were es follows:	Cate of onset
kind of N	ssion, of perticular work done, as SPINNER , BOOKKEEPER, etc.	arm laborer	Kreked by horse & Killed	
9 Industry or	business in which		west duth.	
SAW MII	s done, as SILK MILL, LL, BANK, etc			-,
this occu	sed lest worked at apation (month and	11. Totel time (years) by spent in this occupation		
**	as Pro	* Kreon	Other Contributory Causes of importance:	
2. BIRTHPLACE (ci (Stete or cou				
13. NAME	19 mit	Kum.		
		4		
	E (city or town) r country)		Neme of operation Dete of	
15. MAIOEN NA	19	tkunst	What test confirmed diagnosis? Was there en e	
I IS. MATOEN NA	INIE	4	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	20.19 52
	E (city or town) r country)		Where did injury occur? has wye mice. The	
1 (Stete of		Raham (Employ	(Specify city or town, county and States Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	
(Address)	Co	dova RJN		ACE.
Place Place	ewtown M	19 Cate 7/20 19 3	Manner of injury Kicked over heart by he Nature of Injury Kicken Turn walken	OG:
19. UNOERTAKER (Address) //	John Me	elland	24. Wes disease or Injury In any wey related to occupetion of deceased?	na
20. FILEO 7 - 2	20-,1932.	L. Gardner	(Signed) (Address) Charles	M. D.
	· V			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealtion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	137)
County Talbol	Registration Dist. No. 290
Village or City Kaston	No. hyeroency No. Solost, Ward death occurred in a hospital of institution, alve its NAME instand of street and number)
Leagth of residence In city or town where death occurredyrs,mos.	
2. FULL NAME Mr. 6 mer Guvert	
	ast, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a, If married, wldowed, or divorced	(Ponth) (Day) (Year)
HUSBAND of C	22. HEREBY CERTIFY, Thet etlended deceesed from
Joanna Brown	July 4032 10 July 26, 1032
6. DATE OF BIRTH (month, day, and year uly 25, 186)	I last low h Line of elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et8_; m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	wera es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Pattred SAWYER, BOOKKEEPER, etc.	
9 Industry or business In which	
work was done, es SILK MILL, framer	N. J. J. A.
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	The Reserve A
(State or country) Lendas	Just Provale gran
13. NAME	William Oblivellow
14. BIRTHPLACE (city or town) (State or country)	Name of operation And And And And Date of 1921.32
v I november 1 and	Whet test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
110 A	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT W. U. Jerry (Address) Felton, Welgware.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place farrington Wel Date 7/29/3219	Nature of Injury
19. UNDERTAKER W. a. Berry	24. Wes disease or Injury In eny way related to occupation of deceased?
(Address) Fellow, Del Aware.	If so, specify
20, FILED 7/26 1932 n. N. Merry	(Signed) Willes M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUKEAU V.S			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF	MARYL	AND-CERTIFICATE	OF	DEATH
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COALA

1. PLACE OF DEATH	(3)
County Talbat	Registration Dist. No. 29a
Village or City Easton 7nd	No. St, Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?
Length of residence in city or town where deeth occurredyrs	
2. FULL NAME Terre	and the state of t
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIL	DOWED, 21. DATE OF DEATH
Male of the OR DIVORCED (write to	the word) (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND OF	1 HEREBY CERTIFY, That I attended deceased from
Li colonia	lest saw h Malive on July 131, 1932 death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LE	I lest saw h Malive on
2 1 dey,-	
8. Trade, profession, or particular	min. were as follows:
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc 10. Date deceesed last worked at spent in this occurrention (wonth and spent in this securetion (wonth and spent in this securetion (wonth and spent in this securetion).	Usluma 1932
9: Industry or business in which	
work was done, es SILK MILL SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributery Causes of importance:
12. BIRTHPLACE (city of t (wn)	Office Contract
(State or dountry)	and work of has culture
I 13. NAME and May	Chocoli Challette Ingales
13. NAME 14. BHRTHPLACE (city or town) (Stete or country)	Name of operation Date of Date of Whet test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
T T	Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
Mus Vist it	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	2.44.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Caston 2nd Date 7/15	19.3 Neture of Injury
19. UNDERTAKER James a Spanner	24. Wes disease er injury in any way related to occupation of deceesed?
(Address) Estauthed	If so, specify
20, FILED 7115, 1952 Y 7 1 Noure	(Signed Company) have 8. M. I
	Registrar. (Address)
If more blanks are needed, address Sta	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.F.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Care to 19 stone in	
		No.	

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20. FILED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93 0
County Talkot	Registration Dist. No. 293
Village or City Offord	No. St. Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	bu
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("grize the word) Warried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
Cawain yerror	July 2 , 1932, to July 17 , 1932
6. DATE OF BIRTH (month, day, and year)	Mast saw harmalive on
7. AGE Years Month's Days If LESS than I dayhrs.	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER Joseph Williams SPINNER JOSEPH WILLI	Meule My carditys 7/1/32
9 Industry or business in which	
O 10. Date deceased last worked at this occupation (month and spent in this spent in this	
year) -19-9	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) Soyuan (State or country) Zubor Co	
13. NAME Thomas Bailey	
14. BIRTHPLACE (city or town) Boznesaura	Name of operation Date of
(State or country) Labert CO	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jama O Fields	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Juliot Co	Where did injury occur?
17. INFORMANT Codward Sitter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Offerd Maye July 20, 19 3 2	Nature of injury
19. UNDERTAKER Maurice & Victorialis Hon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lagar Mid	If so, specify

Registrar.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		1160	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	2
The principal cause of de of importance were as follows	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIC 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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(Address)

(Address)

19. UNDERTAKER

20. FILEO.

18. BURIAL, CREWATION, OR REMOVAL

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Jalko T	Registration Dist. No. 290
	No. Energency Nescital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs, mos. 2. FULL NAME A COMMON OF THE COM	A.St., R. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Slack OR DIVORCED (write the word)	21. DATE OF DEATH 20, 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) Sec. 5, 1852 7. AGE Years Months Days If LESS than I day,hrs. ormin.	1 HEREBY CERTIFY. That I attended deceased from 1932, to 1932; death is said to have occurred on the date stated above, at 8.5 pt.m. The PRINCIPAL CAUSE OF DEATH and related causes if importance were as follows: Date of onset
Note that the second of the se	Other Contributor Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Language Argument (State or country) Language Argument (State or country)	Sufertil Trot 19 92 /31
14. BIRTHPLACE (city or town) Wastern (State or country)	Name of operation
15. MAIOEN NAME CLEUR Barbara 16. BIRTHPLACE (city or town) (Steta-or, country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17 INCOMANT VOLO . & D. A. HALLES . TO A O .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			1 1 1 E
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? ______ yrs. ____ mos. ____ ds. PHYSICIANS Length of residence in city or town where death occurred Every statement Ward. RECORD. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (Twite the word) classified 5a. if merried, widowad or divorced HUSBAND of That I attended daceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1 properly to have occurred on the data stated above, a 7. AGE Months Days If LESS than 1 day, ... The PRINCIPAL CAUSE OF DEATH or min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... OCCUPAT back Industry or business in which may should work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See Name of operation... 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Date of injury _____ 19. Accident, suicida, or homicide?_____ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods very (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury CAUSE mation Neture of injury. TION 24. Was disease or injury in any way related to occupetion of decaased? 19. UNDERTAKER (Addrass) If so, specify B. (Signed) 20, FILED. (Addrass) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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FOR

RESERVED

MARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II	3 75 15 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V.			

V. S. No. 1

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
-/	1. PLACE OF DEATH	(136-0)
occ	County VIalimy	Registration Dist. No. 290
of		ND. While a Morbital or institution, give its NAME instead of street and number)
NS ant	Length of residence in city or town where death occurred	S ds. How long in U. S. if of foreign birth?
CIA	2. FULL NAME Mand / hopling	o
PHYSICIANS act statement	(a) Residence: No. / Handoult Mulace of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH July Zo 193 &
T I	5a. if married, widowed, or divorced	(Month) (Day) (Year)
A C T I	HUSBAND of (or) WiFE of	1 HEREBY CERTIFY, That I attended deceased from
cla	- 1804	July 11 ,15 2, 10 July 20 ,105 2
E Ite.	6. DATE OF BIRTH (month, day, and year)	I Yast saw him alive on Jelly 3 4 1922, death is said
stated E properly certificate.	7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at /2.20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
stat prop	35 36 ormin.	were as follows:
he be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	models and
	9. Industry or husiness in which	O base 1 a family
may back	work was done, as SILK MILL,	suls (a) Jun Dolla
sh it on	O 10. Date deceased last worked at this occupation (month and spent in this	nautelin oblowing une
AGE that ions o	year) occupation occupation	Dther Contributory Causes of importance
so 1	12. BIRTHPLACE (city or town)	Weltral Stiller
oplied. AGF erms, so tha instructions	(State or country) Carolester Con hid	membrana.
supplied n terms, ee instru	13. NAME Howard Staphy	
sul in to See	14. BIRTHPLACE (city or town) The lock	Name of operation Date of 7/45/5
lly ola	(State or country)	What test confirmed diagnosis? Was there an autopay?
be carefully EATH in pla important.	15. MAIDEN NAME Wileig Carrigh	23. if death was due to external causes (VIOLENCE) fill in also the following:
TH. Ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
Be. SAI	(State or country)	Where did injury occur? (Specify city or town, county and State)
should be can OF DEATH s very import	17. INFDRMANT (Address) Herbotck nd	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
	Place Miles Man Date July 23, 1937	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER A. M. A. Clast	24. Was disease or injury in any way related to occupation of deceased?
201	(Address) Cambredge Snd	If so, specify
F,	20, FILED 7/7/ 1932 N.S. Mount	(Signed) M. D
	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A.G. t. 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

for-	tate	PA-			1	
n of in	s pluo	OCCU		-		i.
iten	she	Jo		-		
RD. Every	YSICIANS	statement				2
RECOR	PIII	xact	MIN	9	3.	S
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		A STATE OF THE STA	3. 3. 5a. NOLHER FATHER 12. NOCCUPATION 17. 18. 19. 20.	
A PER	ed EX	perly cl	ficate.	-	6. 7.	D
IS	stat	prol	certi			1
THIS	d be	y be	k of		ATION	-
INK-	JE shoul	nat it ma	is on bac		OCCUP	
DING	1. AC	, se th	uction		12.	
H UNFA	r supplied	nin terms.	See instr		FATHER	1
LY, WIT	carefully	TH in pla	TION is very important. See instructions on back of certificate.		MOTHER	
LAIN	ald be	DEA	ry im		17.	
TE P	shor	E OF	is ve		18.	
WRIT	mation	CAUS	TION		19.	
Z. H				Comment of the last	20.	

STATE OF MARYLAND	CERTIFICATE OF DEATH 08016
1. PLACE OF DEATH	
County (albo)	Registration Dist. No. 290
Village or City Easten	No. Emergency Nospital St., Ward
langth of residence in city or town where death occurred	f death occurred in a hospita or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME FORTUR MUNT	104 1011g iii 0.0.11 01 10101gii 011111
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 1 19 10 -	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than	I last saw h alive an
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin,	wera as follows (Since walks.) Oate of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Striberous abortions
4 9. Industry or business in which	Carea not Witimuned
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Continuory Causes of Importance.
(State or country)	
13. NAME Leonard P. Nunt	
13. NAME Leonard P. Munt	Name of operation Date of 7116/3
(State of country)	What test confirmed diagnosis? Clural Was there an autopsy? 24
# 15. MAIOEN NAME Ella White	23. If death was due to external causes (VIOL ENCE) fill in also the following;
16. BIRTHPLACE (city or town) Philadelphia,	Accident, suicide, or homicide? Date of injury
(State or country) Reuna	Where did injury occur?
17 INFORMANT MM Ella West	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Newcomb Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate 0 ,1932	Nature of injury
19. UNDERTAKER & marger sey Harbital	24. Was disease or injury in any way related to occupation of deceased?
(Address) & a diameter of the control of the contro	If so, specify
20. FILEO 6/1 19 32 M.H. Neerie	(Signed) Welley M. D.
Registrar.	(Address) Callons his
If more blanks are needed, address State Revistrar.	2411 N. Charles Street Baltimore Requesting 7) S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	_	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FULLAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATH		CERTIFICATE OF DEATH
	County 10160		S Registration Dist. No. 290
	Village or City COS XON,	My.	nomengency Hospital st, was
	Length of casidence in city or town where dea	(,	If death occurred in a hopital or inditution, give it NAME instead of street and number) sds. How long in U.S. V of foreign birth?yrsmos,d
2	FULL NAME TOP US	Sellenson	0
	(a) Residence: No.	House	St., Ward.
	• **	(Usual place of abode)	If nonresident give city or town and State
* :	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. S	! White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	_ 0	22. THEREBY CERTIFY, That Lattended deceased from 1932 to 11 M 1933
6. I	DATE OF BIRTH (month, day, and year)	ly 11,1932	I last saw h alive on, 19; death is sa
7. /	AGE Years Months	Transport of the state of the s	the tallows.
z	8. Trade, profession, or particular kind of work done, as SPINNER,		Date of one
OCCUPATION	SAWYER, BODKKEEPER, etc		Objetion Suconfleto
0000	O. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
17	BIRTHPLACE (city or town)	Town.	Other Contributory Causes of Importance:
14.	(State or country)	mai	
HER	13. NAME CAMA). Se	(Esperi	
FATHER	14. BIRTHPLACE (city or town)	Nichaels	Name of operation Date of 7/1//
	(State or country) 15. MAIDEN NAME TIMOLOGE	Mans Parl	What test confirmed diagnosis?
THER	Silvi	1 Allow Mall	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
MOT	16. BIRTHPLACE (city or town) (State or country)	M-1	Where did injury occur?
17.	INFORMANT TIMENCE	1 Selferson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	DI GNO IN CONTRACTOR	Manner of injury
	Place Castler	Date , 1932	Nature of Injury
19.	UNDERTAKER Contagging (Address)	Haspital	24. Was disease or Injury In any way related to occupation of deceased? \(\mathcal{D} \)
2D.	FILED 2/11 1932 723	V. Meirica Registrar.	(Signed) Tutallier M (Address) Eagler uy

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Example I			Example II		
The principal cause of dea of importance were as follows	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NIC 6 14.2	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		- 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURFAU V.	July 5,1927	Peritonitis	3 days ago	
,					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

۸,			

STATE (OF MARYLAND—	CERTIFICATE OF DEATH	18018
1. PLACE OF DEATH		93-C	
County Salbor		Registration Dist. No. 293	/
Village or City Trafel	2	NoSt.,	Ward
Length of racidance in city or town where		death occurred in a hospital or institution, give its NAME instead of street ands. How long In U.S. if of foreign birth?yrs	
Cal Ti	Jr L'	, , , , , , , , , , , , , , , , , , ,	mus
2. FULL NAME Sharlla	att themp	o. W. J	
(a) Residence: No.	(Usual place of abode)	St.,WardIf nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX 4. COLOR OR RACE Termale While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 14, 15- & (Month)	(Year)
5a. If married, widowed, or divorced Alf HUSBAND of (or) WIFE of	red Kornk	22. 6 1 HEREBY CERTIFY That I attended	d daceased from
5. DATE OF BIRTH (month, day, end yaar)	1 12 1452	I last saw her alive on July 15 % , \$3	death is said
7. AGE Years Month	Days If LESS than	to have occurred on the data stated above st 130 Qm.	
79 0	3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end palated causes of importance	10: 1
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Elizad Houndary	Chrinie Cholecystitis	1929
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	•	/	
10-Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Jallace (State or country)	i bo	Other Cantributary Causes of importance: Ouronic Myo Carolits	1930
13. NAME Welleame R	Hughlett	<i>\(\sqrt{\sq}}\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</i>	
13. NAME William R. 14. BIRTHPLACE (city or town). Care	list loo me	Name ol operation	
(State of country)		What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Lydia	Wearler	23. II death was dua to extarnel causes (VIOLENCE) fill in aiso the Tollow	77
15. MAIDEN NAME Andreas 16. BIRTHPLACE (city or town) Com (Stete or country)	when loo ma.	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Ada M (Address) Tackle	Kirby	Whare did Injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18. BURIAL, OREMATION, OR REMOVAL Place Control	Date July 15 ,1932	Manner ol injury	
19. UNDERTAKER James (L. (Addrass) Eastern	Spence	24. Was disease or Injury in any way related to occupation of decaased?	no
20. FILED Jul 16- , 1937 Jor	est a Corre Registrar.	(Signed) Kelliam & Olymon (Addrass) Grafefe Md	M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
		•	

Exact CERTIFICATE OF DEATH tated EXACTLY, Properly classified, certificate. Registration Dist. No. Village or City (If death occurred in Ward) a hospital or Institution, give its NAME Is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. back OR DIVORCED may (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH no nstructions that (Month) (Day) (Year) 7 AGE [If LESS than and that death occurred on the day stated above, at I day hrs. The CAUSE OF DEATH * was as follows: terms RESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) DD 10 NAME OF (Signed) FATHER lt. Shot S v .192 2 (Address) 02 11 BIRTHPLACE OF FATHER *State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. FZ OZ CAU (State or country TIO RE 12 MAIDEN NAME K OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-92 1 ients or Recent Residents) CO 13 BIRTHPLACE tal At place In the OF MOTHER 0 of death ... (State or Country) 0 Where was disease contracted, of if not at place of dea.h? shoul of Every item CIANS sho statement Former or usual residence OR REMOVAL DATE OF BURIAL Filed Registrar If more banks are needed, addre. State Registrar, 16 W. Saratoga St., Balto., Requesting V.

STATE OF MARYL

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more previous farm laborer, Laborer—Coal minc, etc. Womlaborer, Laborer—Coal minc, etc. Womlaborer, Laborer—Coal minc, etc. Womlaborer, Laborer—Coal minc, etc. Womlaborer—Coal minc, etc. W Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERFERAL peritonitis, can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Atrophy," "Collapse," "Coma," peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory ", "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dute is essential and must be obtained before the certificate is permanently filed.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	OF MARTLAND	——————————————————————————————————————	
County Jalbou		Registration Dist. No. 39	~
Village Dr City Reau Length of residence in city or town w	about of	NDSt., (If death occurred in a hospital or institution, give its NAME instead of street an losds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME	erry me Dame	e	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (work the word)	21. DATE OF DEATH July 9 9 (Day)	193_1/Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	me Price	22. HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	18,	Hast saw hater alive on July 6 193	ر death is
7. AGE Years Month	Days If LESS than 1 day,hi	to have occurred on the date stated above, at 1719 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date ol o
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc	Farmer	Chronic neglistes	12,
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc SINDUSTRY OF BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	boe 60	Other Contributory Causes of importance:	
公司 13. NAME	9	- Unevo-Selengard	.7
14. BIRTHPLACE (city or town)	41	Name of operation Date of	-(-:/-
(State of country)	44	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	Low	23. If death was due to external causes (VIOLENCE) fill in also the follow	-
16. BIRTHPLACE (city or town)	- 40	Accident, suicide, or homicide? Date of injury	, 19
17. INFDRMANT (Address)	adquel and	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC I	itate) PLACE.
18. BURIAL, CREMITION, OR REMOVAL Place	re Date July 19 3	Manner of Injury	
19. UNDERTAKER Summer (Addigess)	Trappe me	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED July 9-19 34	toreglia Cons	(Signed))

V. S. No. 1

should state

PHYSICIANS

EXACTLY.

stated

should be

so that it may AGE

mation should be carefully supplied. CAUSE OF DEATH in plain terms, s

B.—WRITE PLAINLY,

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

RECORD. Every them of infor-

Exact statement of OCCUPA-

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Cerebral hemorrhage	July 5,1927	Peritonitis	0011	3 days ago
			GBVI3025	3
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Talbat	Parishadian Did N
Village or City Cupley	Registration Dist. No. 290
	death occurred in a happitol or iostitution give its NAME instead of street ood number)
Length of residence in city or town where death occurredyrsmos.	"T KKOds. How long In U.S. if of foreign birth? yes mos de
2. FULL NAME Mis. Susan Me	30 mm
(a) Residence: No. Sur leseite med	. St. Ward Dugleside med
/ (Usual ploce of abode)	If nonresident give city or town ond State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 0 , 193 2
5a. If married, widowed, or divorced	/(Month) (Day) (Year)
COLDETTE OF My. Chab. Meredix R	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Que 16, 1859	l'est saw hace alive on Jacky 10 19:3 2 death is seld
7. AGE Years Months Days If LESS than	lo have occurred on the date stated above, at 420 m.
13 2 2 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	2 x 3 rd degree byers Date of oneet
SAWYER, BOOKKEEPER, etc.	of eltire body 7-10-32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end 1)	
year)occupation	Other Contribotory Cooses of Importance:
12. BIRTHPLACE (city or town). (State or country)	
13. NAME South South 14. BIRTHPLACE (city or them)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Carley Date of Injury 7-10-, 19 3 2
P CT10.+1.1	Where did injury occur? (Specify city or towo county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury Clothing Canalit line from store
Place Date 113 1932	Nature of injury Bulling
19. UNDERTAKER MIS Elbel of setallity (Address) Queun horo	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED PM (, 1932 NA) Plenies Registrar.	(Signed) Sasta 2nd.
If more blanks on miled all the Co. D.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP!	
Jo	plu	200	/
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PL.	non)F 1	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 24 ~ County____ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFAY, That I attended deceased from acy Killer (or) WIFE of 1883-6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date sta 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Frade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Dato deceased last worked at C 11. Total time (years) spent in this this occupation (month and occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_____ Was there an autopsy?__ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?__ 19. UNDERTAKER . (Address) If so, specify (Signed) 26-(Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08023
1. PLACE OF DEATH	(53)
County Valbot	Registration Dist. No. 291
Village or City Neavett	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city op own where death occurredyrsmos.	
2. FULL NAME Samuel W. neant	+
(a) Residence: No. Meavett Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Comma Nearit,	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and years May 23 1866	Mast saw having alive on Clare Id 1932 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date strudebove, at 5Am.
66 / 7 1 day,hrs.	The PRINCIPAL CAUSE OF OFATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, FAVORES SAWYER, BOOKKEEPER, etc.	Date of onset
I Industry or business in which	probably to line + Culo
work was done, as SILK MILL, SAW MILL, BANK, etc.	The Thoughout Guille
10. Date deceased last worked at this occupation (month and o 1932 spant in this occupation occupat	Diration of illness: orly three weeks.
12. BIRTHPLACE (bity or town) Meanit	Other Contributory Causes of Importance:
(State or country)	na rantohau/
13. NAME Samuel W. nawitt So.	
13. NAME Samuel W. Nawvill Su.	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Milchie Wayman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Milchis Wayman 16. BIRTHPLACE (city or town). Reanity (State or country)	Accident, sulcide, or nomicide? Date of injury, 19
17. INFORMANT Mie of W. Wearit	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in RUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Place Meanth Date July 314, 1952	Nature of Injury
19. UNDERTAKER NEWNAM & Starrison	24. Was disease or injury In any way related to occupation of deceased?
(Address) St. michaely Ma	If so, specify
20. FILED July 2 1932 John Howales	(Signed) Frank & Alle M. D.
Tracal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I 3	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Arterioselerosis Chronic interstitial nephritis BURRAD S. Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		>	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

V. S. No. 1

RD.	YSI	sta	ŀ
3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	
Ē	Y.	_	
NEN	CTI	ified.	
SMA	XA	class	
PER	M	N C	ite.
A	ted	per	ifica
SI	sta	pro	cert
HIS	be	be	Jo
E-	pluo	may	TION is very important. See instructions on back of certificate.
NK	sh	it	on
V.G.	AGE	that	ons
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County dellot	Registration Dist. No. 747
Village or City Bucevelle hear shapp	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Seese L. Cutters.	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wall	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divgreed, HUSBAND of	
HUSBAND of Elevellary Outlier	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) July 12 1902	1 last saw h Que elive on Obut Setal 1930 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et
30 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER Co.	were as follows. Date of onset
kind of work done, as SPINNER, Confirmed SAWYER, BODKKEEPER, etc.	0
a Industry or business in which work was done, as SILK MILL, Aublic SAW MILL, BANK, etc.	Julnovany Enbuculous ful 1930
1) 10 Date decemend last worked at All as Ch 11 Total time (years)	
this occupation (month and oct 193a spent in this occupation.	
12. BIRTHPLACE (city or town) Catolius County (State or country)	Other Cantributary Causes of importance:
E 13. NAME WITH & II	
13. NAME WYH 6	Name of operation Date of
(State or country) Chroline &	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary C Lewis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary C Survis 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Oclawan	Where did injury occur?
17. INFORMANT Masy & Oute, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wouldy hall new July 23, 193. 2.	Manner of Injury
19. UNDERTAKER Hamme & Henry Line Son	24. Was disease or Injury in any way related to occupation of deceased? 200
(Address) Fresh Ella	If so, specify
20. FILED 19 3 v orglascons Registrar.	(Signed) Suppe mo
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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11	110 1	Example II	
Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
1915	Attack of epilepsy	Togi d SIN	1 week ago
1921	Run over by street car		1 week ago
July 5, 1927	Peritonitis	devisosa	3 days ago
	Other contributory c	auses of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	of importance were 1915 Attack of epitepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory of	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08025
1. PLACE OF DEATH	193)
County / all as Orsing	Registration Dist. No. 247
Village or City Advanced Conf.	No. St., Ward
Length of residence in city of town where death occurred Syrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Ma of William	
2. FULL NAME	CA Wd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced HUSBANO of	22. A HEREBY CERTIANY, That I attended deceased from
(or) WIFE of	22 193 7 10 To 22 195
6. DATE OF BIRTH (month, day, and year) 1876	las forw his elive of
7. AGE Yeers 56 Months Deys If LESS than	to have occurred on the date stated above, at the first from the stated above, at the s
45 1876 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows
8 Trade, profession, or particular kind of work done, as SPINNER,	Hective of Elevale 2
SAWYER, BOOKKEEPER, etc. Safvar. 9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et One of this occupation (month and spant in this or sp	
10. Date deceased last worked et Oue day 11. Totel time (years) spant in this 5-4	
yeer) 22-32 occupation - Ten	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) / Altor (State or country)	Contact mut love were
13. NAME Thomas Bunder	
14. BIRTHPLACE (city or town) Dovelus Co.	Neme of operation.
(State of Country)	Whet test confirmed diegnosis? Wes there en eu!opsy?
15. MAIOEN NAME May Sifi Rolaes 16. BIRTHPLACE (city or town) Talfut County (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Talfit County	Accident, suigide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marfers Multiple Property	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Inlury Contact with cluster Colit is
Plece Turnor Oate /-25 ,1937	Neture of Injury / Lune 3 degree,
19. UNDERTAKER J. Fr. Stewart	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILEO July 25, 1932 Mrs. ditor S. Paler. Registrar.	(Signed) M.D. (Address) M.D.
r registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none,

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	D. T. S.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows?	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (4)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08026
1. PLACE OF DEATH	Riva
County lalbol	Registration Dist. No. 290
Village or City Laston	No. Emergency Hospital, Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, riverts NAME integral of street and number)
2 : C : C : D . TT	
	M. J. Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Price the word)	21. DATE OF DEATH (Month) 1932
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0	July 29, 1932, 10 July 29, 1932
6. DATE OF BIRTH (month, day, and year)	I last aw h Lile ative on July 29, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hamathetea (ries 7/29/
9. Industry or business in which	7/611
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
this occupation (month and year) occupation occupation	
(2 0 A I/A)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Kemorrhace 1 Scath 7/29/2
II 13. NAME GUALLIAN QUALTURA	Trumate
13. NAME 14. BIRTHPLACE (city or town)	Name of operation furcion & Orunageate of 7/263
(State of Cob(try)	What test confirmed diagnosis? Cleanes Was there an autopsy? Light
# 15. MAIDEN NAME Prolin Dance	23. If death was due to external causes (VIOL ENCE) filling also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALS	Manner of Injury Slight obraining Full)
Place 1 de Hall, P. C. Date /21 182.	Nature of injury Naturalogy Scall
19. UNDERTAKER LIN VI. So. 6 d	24. Was disease or Injury in any way related to occupation of deceased? Zu X
(Address) witch fill Md-	If so, specify
20. FILED 7/30, 1932 M.J. Harris Registrar	(Signed) 2 Salue M. D. (Address) Clarkou 7
16 man blate med all the Contract	Wallet and the state of the sta

15 more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows:			Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 6 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURLAS	July 5,1927	Peritonitis	3 days ago	
	-				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	53)
County 1 2001	Registration Dist. No.
Village or City Williague	No. St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Oliver	Semill
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
a. If married, widowed, or divorced Eliza Esewell HUSBAND of	(Tear) / (Uay) (Tear)
(or) WIFE of	22. I HEREBY CERTITY. That I attended deceased fro
DATE OF RIPTH (month day and year) Way 9 1853	List saw h circulive on Land 125/ 632 death is se
AGE Years Months Days If LESS than	to have occurred on the date stated above at
79 7 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trade, profession, or particular	wero as follows: Exitheliarna Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Garlhelinus arte.
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased lest worked at 1922 1f. Total time (years)	Chrittens right eyes 370
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at 1922 If. Total time (years) spent in this occupation (month end year) occupation 50 year	/
	Other Contributory Causes of importance:
(State or country)	Cacherra 62
The state of the s	cacrayea
- Journal	Name of a section
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catholica Ballians	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) (State or country) Taskot Co. Ma	Where did injury ocour?
7. INFORMANT Roy O Servell (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMITION, OF PRICE PRICE Date July 28, 1932	Manner of Injury
G. UNDERTAKER PEWNOW & Harrison (Address)	24. Was disease or injury In any way related to occupation of deceased?
1 / 200 20 10 1 1 1 5	If so, specify
10. FILED July 28, 1932 Ming Vilor D. Palen.	(Signed) M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		GS.A.BOEN	
Other contributory causes of importance:		Other contributory causes of importance:	35
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	TENTS BI	PHYSICIAN
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Habitation and the second	

PHYSICIANS should state

stated EXACTLY. properly classified.

should be

AGE

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

20. FILED.

mation should be carefully supplied.

Exact statement of OCCUPA-

B. ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	68628
1. PLACE OF DEATH		<u> </u>	00000
County 1910st		Registration Dist. No	290
Village or City Eastern	naryland.	No. En a grancy Hospital	~ / ~
,		death occurred in a hospital of institution, give its NAME instead of str	reet and number)
Length of residence in city or town where death o	ccurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME + Etus	naur / Ey.		
(a) Residence: No.	,,,	St., Ward.	1.0
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or to	
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R-DIVORCED (write the word)	21. DATE OF DEATH	. 193 2
5a. If married, widowed, or divorced	single	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	O	22. HEREBY CERTIFY, That I a	attended deceased from
6. DATE OF BIRTH (month, day, and year)	11.32		19; death is seld
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importal were as follows:	
8. Trade, profession, or particular		1 - Kagoo	Date of enset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which		Petrevel Mallel	4
Sundustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	7		
I.O. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
12. BIRTHPLACE (city or town) & Carata	u	Other Contributory Causes of Importance:	
(State or country)	d		
13. NAME Mr. Houston	i have) Eu	0 100 1	
14. BIRTHPLACE (city or lown) (State or country)	n. Many fand.	Name of operation Removal J. Placeurb What test confirmed diagnosis? Was t	Date of 7-11-32 here en autopsy?
15. MAIDEN NAME I Cace MU	sahu	23. If death was due to external causes (VIOLENCE) fill In also the	
16. BIRTHPLACE (city or town)	1 1 1 may tour	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Toger Tha	wisy	Where did injury occur? (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
(Address)	any lately,	Manage of Injury	
Place Easton Dai	te 7/11 ,193 Z	Manner of injuryNature of injury	
8000	Wast TA		7, 6
19. UNDERTAKER CANADA (Address)	dia della	24. Was disease or injury in any way related to occupation of decer	ised!

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 8 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 49

PLACE OF DEATH	STATE OF MARYLAND
County, Halby	CERTIFICATE OF DEATH
8 1-	Registration Dist, No. 290
Village or City Casher (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
FULL NAME Wary OXINEG	amourand stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jew, White Single, widowed. Write the word)	16 DATE OF DEATH SULY 2/5 , 1932
6 DATE OF BIRTH May (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS th	-1
59 yrs. 2 mos. 17 ds. or mi	rs. The CAUSE OF DEATH * was as follows:
BOCCUPATION	- Clarcus of Milwins
(a) Trade, profession or particular kind of work tousewell	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts.// mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs
10 NAME OF Robert O. Dish	(Signed) / fliam D. Dupriory M. D.
of FATHER (State or country) Md	State the Disease Causing Death, or, in deaths from Visient Causes, state (1) Means of Injury and (2) Whether Arddental, Suicidal or Homicidal.
of MOTHER Clina, Stahm	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Md	At place of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) St A. Sergurar	Former or usual residence
(Address) East ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7/33, 1932
15 Filed 1/27 1937 7 11/1 / Registra	Laure a Store Castan mod
If more branks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

EXB20

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

Sor. en . C.

STATE OF N	MARYL	AND-CE	ERTIFICA	TE (OF	DEATH
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6-98(27)

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(7)</u>
County (albo)	Registration Dist. No. 290
Village or City Easton	No. I mercency to seita St., Ward death occurred in a hospital or institution give its NAM instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution give its NAMI instead of street and number) ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME Margarel Tull	
	A.St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Man	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1010, 10193/	I last saw hold alive on July 14, 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 2 m.
М Н I day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Telaine 3wks.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	A
work was done, as SILK MILL, SAW MILL, BANK, atc.	J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased tast worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
Shikarille fol	Other Contributory Panses of Importances They
12. BIRTHPLACE (city or town) PIN SUI 11 C Set	of some boging
II 13. NAME Nichard Jul	//
13. NAME Nichard IVI	Nama of operation
(State of Country)	What test confirmed diagnosis? X-Say: Was there an aulopsy?
15. MAIDEN NAME Una Habing	23. If death was due to external causes (VIOCENCE) fill in also the following:
15. MAIDEN NAME UNO HOST WAY 16. BIRTHPLACE (city or town) —— Defautay-e-	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT KICH ON A JUNE AND CANADA AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Titerell bury Med Date July, 16, 1982	Nature of injury
19. UNDERTAKER A. Tilaultom & Son (Address) Lieder alphura und	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 7/15- , 19 32 M. M. Merries Registrar.	(Signed) (Address) (Addres
The more blanks are model address Come Parish	N CI I C P P P P P P P P P P P P P P P P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(122-a)
County 191601	Registration Dist. No. 290
Village or City Easton	No. h mergen cu to spilo, St., Ward death occurred in a hospital or institution give its NAM (unstead of street and number)
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital of institution give its 177-177 phase and of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Frank Wilson	13 Mrs.
(6) Residence: No. Coentreville, md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1 - 13 - 102 2
58. If married, widowed or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of Leva Hoodlave	220 I HEREBY CERTIFY, That I ettended deceesed from
(M) MILLIANCE) CO- CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-C	July 13, 1932, 10 July 13, 1932
6. DATE OF BIRTH (month, day, end year) May 12, 1871	1 lest say h Luc alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, et; m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
6/ 2 1 ormin.	were es fallows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER RONKKERER ATC.	Weller Lucellus 2/8/5;
9. Industry or business in which	white where left 7/8/3
work wes done, as SILK MILL, Saw MILL, BAUK, etc.	indirect
	/.
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Caraly (State or country)	O · · · · · · · · · · · · · · · · · · ·
	5 Killer San
E (O 10 . 00	Name of operation Serusta left Hernistonie of 7/3/52
14. BIRTHPLACE (city/gr town) (State or coentry)	What test confirmed diegnosis? I. 8. 10/P Was there an eutopsy? An
E 15. MAIDEN NAME E LLOW LANGE COM	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME & LOW MILLSON 16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Leva Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Centreille his	
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Plece Commence Date Plushy 1932	Nature of Injury
19. UNDERTAKER Rober Wedgeller	24. Was disease or Injury in eny way related to occupation of deceased?
(Address) Centreville, Mid	If so, specify
20. FILED 11.4 , 1932 77 The Registrar.	(Signed) M. D. (Address) OAGA Pad
the second of the second secon	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1921 July 5,1927	of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

20. FILED ... O

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 6 1639				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	